

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022215

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 33

FILED JUN 19 1962

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Osage Township

Length of stay in 1b

9 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At-Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Camden

c. CITY
OR TOWN

Camden

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

Lake Road 5-91

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

William

Middle

Henry

Last

Buchanan

4. DATE
OF DEATH

Month

June

Day

16

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 14-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months 7

Days 2

IF UNDER 24 HR

Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Gas and Oil

11. BIRTHPLACE (City and state or country)

Hamilton Canada

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William H. Buchanan

13b. MOTHER'S MAIDEN NAME

Jessie Smith

14. NAME OF HUSBAND OR WIFE

Mary A. Buchanan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Mary A. Buchanan, Camden, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Descending Colon with Intra-

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

abdominal Metastases

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

15 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 17, 1961 to June 16 1962 and last saw her him alive on June 7, 1962

Death occurred at 11:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas A. Wayland M.D.

22b. ADDRESS

Camden, Mo

22c. DATE SIGNED

6, 16, 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

Queen Heaven Cemetery

23d. LOCATION (City, town, or county)

Chicago

Illinois

24. FUNERAL DIRECTOR

Robert H. Reed, Camden, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

June 16-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Draw

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.